Case 16-82005 Doc 1

Filed 08/23/16 Document

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Entered 08/23 16 14 101:26 Desc Main Page 1 of Niced STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

Fill in this information to identify your case:	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

AUG 23 2016

JEFFREY P. ALLSTEADT, CLERK DEPUTY CLERK - VG

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1: Identify Yourself			
Your full name		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
	Write the name that is on your government-issued picture	PATRINA	First name	
	identification (for example, your driver's license or passport).	First name MARY Middle name		
	Bring your picture identification to your meeting	CALIZ Last name	Middle name	
	with the trustee.	Suffix (Sr., Jr., II, III)	Last name Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	First name	First name	
	Include your married or maiden names.	Middle name	Middle name	
		Last name	Last name	
		First name	First name	
		Middle name	Middle name	
		Last name	Last name	
<u>.</u>	Only the last 4 digits of your Social Security	xxx - xx - ⁴ 9 9 9		
	number or federal Individual Taxpayer	OR	XXX - XX	
	Identification number (ITIN)	9 xx - xx	9 xx - xx	

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Debtor 1

PATRINA MARY CALIZ

Case number (if known)____

	About Debtor 1;	About Debtor 2 (Spouse Only in a Joint Case):	
Amilton to		A service of the serv	
4. Any business names and Employer	I have not used any business names or EINs.	☐ I have not used any business names or EINs.	
Identification Numbers	•	Land that does any business frames of EINS.	
(EIN) you have used in the last 8 years		NA	
~	Business name	Business name/	
Include trade names and doing business as names			
	Business name	Business name	
	EIN	EIN	
	EIN	EIN	
Where you live		If Debtor 2 lives at a different address:	
	630 EAST STATE ST., APT918		
	Number Street	Number Street	
	Customaria	Maniper Street	
	:	X	
	DOCKEODD TT (110)		
	ROCKFORD, IL 61104		
	, out Zii Gode	City State ZIP Code	
	WINNEBAGO COUNTY		
	County	County	
	If your mailing address is different from the one	If Debtor 2's mailing address is different from	
	above, fill it in here. Note that the court will send any notices to you at this mailing address.	yours, fill it in here. Note that the court will send any notices to this mailing address.	
		any nonces to this maning address.	
	POST OFFICE BOX 1843		
	Number Street	Number Street	
	POST OFFICE BOX 1843	Á	
	P.O. Box	P.O. Box	
	ROCKFORD, IL 61110	No.	
	City State ZIP Code	City State ZIP Code	
್ಟ್ ಪರ್ವಾಧಾರ್ಯವೇ ಕಾರ್ಲಿಕರಣ ಕರ್ಮದ ಸಾಧಾರ್ಯ ಸಂಕರ್ಣದಲ್ಲಿ ಪ್ರಾಯಕ್ತಿಯ ಪ್ರಾಯಕ್ತಿಗೆ ಕೆರುತ್ತಿದ್ದಾರೆ. ಸ್ಥಾಪ್ ಸ್ಥಿಯ ಸ್ಥಿ			
Why you are choosing this district to file for	Check one:	Check one:	
bankruptcy	Over the last 180 days before filing this petition,	Over the last 180 days before filing this petition,	
•	I have lived in this district longer than in any other district.	I have lived in this district longer than in any	
		other district.	
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain.	
	(4.0.0. 3 1700.)	(See 28 U.S.C. § 1408.)	
	ALTO CONTRACTOR OF THE CONTRAC		

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Debtor 1

PATRINA	Maky	CACIZ
First Name Middle	vame Laja∦Nan	ne

Case number (if known)_____

kruptcy Code you choosing to file		ikiupicy (r	orm 2010)). Also	o, go to the top of r	page 1 and check	1 U.S.C. § 342(b) for Individuals Filing the appropriate box			
are choosing to file under		for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7							
,,	☐ Ch	apter 11							
	☐ Ch	apter 12							
*	☐ Ch	apter 13							
you will pay the fee	you sub	ar court fo irself, you imitting yo	pay the entire fee when I file my petition. Please check with the clerk's office in your court for more details about how you may pay. Typically, if you are paying the fee self, you may pay with cash, cashier's check, or money order. If your attorney is nitting your payment on your behalf, your attorney may pay with a credit card or check a pre-printed address.						
.V.	App I red By l less pay	quest tha aw, a jud than 150 the fee ir	or Individuals to at my fee be w ge may, but is 0% of the officion in installments).	o Pay The Filing vaived (You may not required to, al poverty line th If you choose th	request this op waive your fee, at applies to you also option, you m	ption, sign and attach the ents (Official Form 103A). tion only if you are filing for Chapter 7 and may do so only if your income is ar family size and you are unable to nust fill out the Application to Have th with your petition.			

you filed for ruptcy within the	No No								
years?	☐ Yes.	District _		When	MM / DD / YYYY	Case number			
		District _		When		Case number			
		5 1.17.			MM / DD / YYYY				
		District _		When	MM / DD / YYYY	Case number			
		wii.							
ny bankruptcy pending or being	☑ No								
y a spouse who is ing this case with	∟ Yes.	Debtor	· · · · · · · · · · · · · · · · · · ·		······································	Relationship to you			
or by a business er, or by an te?		District _		When	MM / DD / YYYY	Case number, if known			
		Debtor _				Relationship to you			
		District		When	MM / DD / YYYY	Case number, if known			
u rent your	☐ No.	Go to line	: 12.						
nce?	Yes.	Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in you residence?							
u re	ent your e?		Yes. Has your residence	Yes. Has your landlord obtaine residence?	Yes. Has your landlord obtained an eviction judgr residence?	Yes. Has your landlord obtained an eviction judgment against you			

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Ç F#st Name Middle Ni	lame Last Name	Case number (if known)	
Report About Any	Businesses You Own as	a Sole Proprietor	
Are you a sole proprietor of any full- or part-time	₩ 775. CO 10 UI(4.		
business? A sole proprietorship is a	Yes. Name and location	n of business	
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or	Name of business, if	any	~
LLC. If you have more than one	Number Street		•
sole proprietorship, use a separate sheet and attach it	***************************************		-
to this petition.	City	State ZIP Code	-
	Check the appropri	riate box to describe your business:	
	☐ Health Care Be	usiness (as defined in 11 U.S.C. § 101(27A))	
		teal Estate (as defined in 11 U.S.C. § 101(51B))	
		s defined in 11 U.S.C. § 101(53A))	
		oker (as defined in 11 U.S.C. § 101(6))	
A CONTRACTOR OF THE CONTRACTOR	None of the ab	ove	
Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	most recent balance sheet, any of these documents do	napter 11, but I am NOT a small business debtor according to the definition in	or if
	Yes. I am filing under Ch Bankruptcy Code.	napter 11 and I am a small business debtor according to the definition in the	
t 4: Report if You Own o	or Have Any Hazardous I	Property or Any Property That Needs Immediate Attention	
Do you own or have any	₽ No		
property that poses or is			
alleged to pose a threat of imminent and dentifiable hazard to public health or safety?	Yes. What is the hazard	1?	
Or do you own any property that needs mmediate attention?	If immediate attent	tion is needed, why is it needed?	
or example, do you own erishable goods, or livestock nat must be fed, or a building nat needs urgent repairs?			
	Where is the prope	erty?	
		City State ZIP Code	

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Debtor 1

PATRIMA MARLY CALLZFirst Name Middle Name Last Name

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances

rational decisions about finances.

Disability. My physical disability causes me

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

PATRI	NA	Mary	CAL	it
First Name	Middle	Name	Last Name	

Case number (if known)____

16.	What kind of debts do you have?	16a. Are your debts prim as "incurred by an individual and incurred by an individual and include and i	arily consumer debts? Consumer del dual primarily for a personal, family, or hou	ots are defined in 11 U.S.C. § 101(8) isehold purpose."
	you have:	No. Go to line 16b. Yes. Go to line 17.		
		16b. Are your debts prim money for a business or	arily business debts? Business debts investment or through the operation of the	are debts that you incurred to obtain business or investment.
		No. Go to line 16c.Yes. Go to line 17.		
		16c. State the type of debts y	ou owe that are not consumer debts or bu	siness debts.
7.	Are you filing under Chapter 7?	☐ No. I am not filing under 0	Chapter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Cha administrative expension No Yes	pler 7. Do you estimate that after any exer ses are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
	How many creditors do you estimate that you owe?	1-49 50-99 100-199 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	How much do you estimate your liabilities to be? 1.7: Sign Below	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and
		If I have chosen to file under C	hapter 7, I am aware that I may proceed, i I understand the relief available under ea	f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed
		If no attorney represents me ar this document, I have obtained	nd I did not pay or agree to pay someone vand read the notice required by 11 U.S.C	who is not an attorney to help me fill out . § 342(b).
		I request relief in accordance w	ith the chapter of title 11, United States C	ode, specified in this petition.
		I understand making a false sta with a bankruptcy case can res 18 U.S.C. \$8 152, 1341 1519,	atement, concealing property, or obtaining ult in fines up to \$250,000, or imprisonment and 3571.	money or property by fraud in connection for up to 20 years, or both.
		* for W	Cal * N	A
		Signature of Debtor 1	Type Signature	of Debtor 2
	[Executed on $\frac{08/27}{MM}$	B/2016 Executed	
	Grand Control of the	holan!	recent PAN 1888 Promotor of the constraint of the	MM / DD / YYYY

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Debtor 1 Case number (if known)_ I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility For your attorney, if you are to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief represented by one available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no If you are not represented knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. by an attorney, you do not need to file this page. Signature of Attorney for Debtor DD /YYYY Printed name Firm name Number Street City State ZIP Code Contact phone Email address Bar number State

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Debtor 1 First Name Middle Name Last Na

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

	Are you aware that filing for bankruptcy is a serious action consequences?	on with long-te	rm financial and legal
	□ No □ Yes		
	Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprison		bankruptcy forms are
	☐ No. ☐ Yes		
	Did you pay or agree to pay someone who is not an atto No	rney to help yo	ou fill out your bankruptcy forms?
	Yes. Name of Person	aration, and Sig	nature (Official Form 119).
	By signing here, I acknowledge that I understand the rish have read and understood this notice, and I am aware that torney may cause me to lose my rights or property if I or	at filing a bank	cruptcy case without an
/	Particuli *	MA	
/	Signature of Debtor 1 Tresday	Signature of Del	otor 2
	Date 08/23/20/6 7	Date	MM / DD / YYYY
	Contact phone 347)5/1-/357	Contact phone	
	Cell phone ## (779) 423-0900	Cell phone	
	Email address	Email address	

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:	PATRINA MARY CALIZ)	
)	
)	Case No.
	Debtor (s))	C1
)	Chapter 7
)	

List of Creditors

MILITARY STAR-ARMY AIRFORCE EXCHANGE SVC. P.O.BOX 650410 DALLAS, TX 75265-0440	ROCK VALLEY COLLEGE 3301 NO. MULFORD RD. ROCKFORD, IL 61114-5699
IRS NEW YORK STATE	CAPITAL ONE PORTFOLIO RECOVERY ASSOC, LLC P.O.BOX 12914 NORFOLK, VA 23541
IRS ILLINOIS STATE KANSAS CITY, MO 64999-0010	STUART ALLAN & ASSOC, INC. MANHATTAN MINI STORAGE 5447 E. 5th ST. STE. 110 TUCSON, AZ 85711-2345
VETERANS CANTEEN SVC (VCS) CENTRAL OFFICE-Bldg. 25 1 JEFFERSON BARRACKS RD. ST. LOUIS, MO 63125-4194	DEPT. OF VETERANS AFFAIRS 2500 OVERLOOK TERRACE MADISON, WI 53705
SUPREME COURT-QUEENS COUNTY NEW YORK, ROOM 106 88-11 SUTPHIN BLVD. QUEENS, NEW YORK	AT&T P.O.BOX 1820 ALPHARETTA, GA 30023-1820

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Debtor 1 PATRINA MARY CALIZ

CORRESPONDENCE COURSE NEW YORK, NY	FIRST PREMIER BANK FIRST NAT'L COLLECTION BUREAU 610 WALTHAM WAY SPARKS, NV 89434
RADIOLOGY CONSULTANTS OF ROCKFORD P.O.BOX 14895 CHICAGO, IL 60614	SOUTHWEST CREDIT SYSTEMS (CABLE/CELLULAR) 2629 DICKERSON PKWY CARROLLTON, TX 75007-4408
LINEBARGER, GOGGAN BLAIR & SIMPSON, ATTYs-at- LAW, BOX 06140 CHICAGO, IL	CAROL STREAM, IL 60197-6111
ENHANCED RECOVERY #8444 AT&T CABLE 8014 BAYBERRY RD. JACKSONVILLE, FL 32256	
CONVERGENT HEALTHCARE, INC. P.O.BOX 6209 DEPT. 0102 CHAMPAIGN, IL 61826-6209	
DENNIS A. BREBNER&ASSOCIATES ATTY, 860 NorthPOINT BLVD. WAUKEGAN, IL 60085-8211	
OSF HEALTHCARE P.O.BOX 14895 PEORIA, IIL 61656-1806	
INFINITY HEALTHCARE & PHYSICIANS IHC- SWEDISH AMERICAN EMERGENCY PHYS, LLC P.OBOX 3261 MILWAUKEE, W153201	